

ISSUE SLIP STABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLPE CLASSIFIER			
FORMALITY REVIEW	T.A.	TC 844	07/04/01
RESPONSE FORMALITY REVIEW	AN	917	10-23-01

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 + _____ (Through number) Canceled
 _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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10/14/01
 05:05
 10/14/01